

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7	/	/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	9						TOTAL DEP.		
TOTAL CLAIMS	11						TOTAL CLAIMS		